Illinois Department of Revenue <b>2011 Form IL-1065</b> Partnership Replacement Tax Return Due on or before the 15th day of the 4th month following the close of the				
If this return is not for calendar year 2011, write your fiscal tax year here.         Tax year beginning $\{month}$ $\{day}$ 2011, ending $\{month}$ $\{day}$ 20 $\{year}$	Write the amount you are paying. \$			
Step 1: Identify your partnership         A       Write your complete legal business name. If you have a name change check this box.         Name:         B       If you have an address change or this is a first return, check this box and complete the following information.         C/O:         Mailing address:         City:       State:         ZIP:         C         Check the box if one of the following apply.         first return       final return (If final, write the date.         mm       dd         yyyy	<ul> <li>H Write your federal employer identification no. (FEIN).</li> <li>I Check the box if you are a member of a unitary business group, and write the FEIN of the member filing the Schedule UB, Combined Apportionment for Unitary Business Groups.</li> <li>J Write your North American Industry Classification System Code (NAICS). See instructions.</li> <li>K Write the city, state, and zip code where your accounting records are kept. (Use the two-letter postal abbreviation, <i>e.g.</i>, IL, GA, etc.)</li> </ul>			
<ul> <li>D If this is a final return because you sold this business, write the date sold (mm dd yy), and the new owner's FEIN</li> <li>E Special Apportionment Formulas. If you use a special apportionment formula, check the appropriate box and see Special Apportionment Formula instructions.</li> <li>□ Financial organizations □ Transportation companies</li> <li>F Check the box if you are classified as an investment partnership.</li> <li>G Check the box if you made an IRC § 761 election.</li> </ul>	City       State       Zip         L       If you are making the business income election to treat all nonbusiness income as business income, check the box and write "0" on Lines 36 and 44.         M       If you have completed the following federal forms, check the box and attach them to this return.         □       Federal Form 8886         □       Federal Sch. M-3         N       Check the box if you attached Form IL-4562.         □       O         Check the box if you attached Schedule 80/20.         □       P         Check the box if you attached Schedule 80/20.			
<ul> <li>Step 2: Figure your ordinary income or loss</li> <li>1 Ordinary income or loss, or equivalent from federal Schedule K.</li> <li>2 Net income or loss from all rental real estate activities.</li> <li>3 Net income or loss from other rental activities.</li> <li>4 Portfolio income or loss.</li> <li>5 Net IRC Section 1231 gain or loss from involuntary conversions due to casualt</li> </ul>	1 2 3 4			

	<b>6</b> All other items of income or loss that were not included in the computation of income or loss on		
-	Page 1 of U.S. Form 1065 or 1065-B. See instructions. Identify:	6	•00
	7 Add Lines 1 through 6. This is your ordinary income or loss.		
	Write the amount here and the first line on Page 2.	7	•00

▶ If you owe tax on Line 64, make your check payable to "Illinois Department of Revenue" and attach it to this page. ◀

 $\underline{\underline{\overline{Special}}}_{Note}$  Write the amount of your payment on the top of this page in the space provided.

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	Write the amount from Page 1, Line 7.	7	•00
Step	3: Figure your unmodified base income or loss		
-	Charitable contributions.	8	•00
9	Expense deduction under IRC Section 179.	9	
10	Interest on investment indebtedness.	10	
11	All other items of expense that were not deducted in the computation of ordinary income or loss on Page 1 of U.S. Form 1065 or 1065-B. See instructions. Identify:	_ 11	• <u>00</u>
12	Add Lines 8 through 11.	12	•00
13	Subtract Line 12 from Line 7. This amount is your total unmodified base income or loss.	13	•00
Step	4: Figure your income or loss		
14	Write your unmodified base income or loss from Line 13.	14	•00
15	State, municipal, and other interest income excluded from Line 14.	15	•00
16	Illinois replacement tax deducted in arriving at Line 14.	16	•00
17	Illinois Special Depreciation addition. Attach Form IL-4562.	17	•00
18	Related-party expenses addition. Attach Schedule 80/20.	18	• <u>00</u>
19	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.	19	•00
20	Guaranteed payments to partners from U.S. Form 1065.	20	•00
21	The amount of loss distributable to a partner subject to replacement tax. Attach Schedule B.	21	• <u>00</u>
22	Other additions. Attach Illinois Schedule M (for businesses).	22	<u>•00</u>
23	Add Lines 14 through 22. This amount is your income or loss.	23	•00
Step	5: Figure your Illinois base income or net loss		
	Interest income from U.S. Treasury obligations or other exempt federal obligations.	24	•00
25		25	•00
26	Personal service income or reasonable allowance for compensation of partners.	26	•00
27	Share of income distributable to a partner subject to replacement tax. Attach Schedule B.	27	
28	Enterprise Zone or River Edge Redevelopment Zone		
	Dividend subtraction. Attach Schedule 1299-A.	28	•00
29	High Impact Business Dividend subtraction. Attach Schedule 1299-A.	29	•00
30	Illinois Special Depreciation subtraction. Attach Form IL-4562.	30	•00
31	Related-party expenses subtraction. Attach Schedule 80/20.	31	•00
32	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	32	•00
33	Other subtractions. Attach Schedule M (for businesses).	33	•00
34	Total subtractions. Add Lines 24 through 33.	34	•00
35	Base income or net loss. Subtract Line 34 from Line 23.	35	•00
	If the amount on Line 35 is derived inside and outside Illinois, complete Step 6; ot	herwise go to	Step 7.
Step	6: Figure your income allocable to Illinois		
•	Nonbusiness income or loss. Attach Schedule NB.	36	•00
37	Trust, estate, and non-unitary partnership business income or loss included in Line 35.	37	
38		38	
39	Business income or loss. Subtract Line 38 from Line 35.	39	
40		<u>00</u>	
41		• <u>00</u>	
42	Apportionment factor. Divide Line 41 by Line 40 (carry to six decimal places). 42		



43	Business income or loss apportionable to Illinois. Multiply Line 39 by Lir	ne 42.		43	•00
44	Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.		44	•00	
45	Trust, estate, and non-unitary partnership business income or loss appo	ortionable to Illinois.		45	•00
46	Base income or net loss allocable to Illinois. Add Lines 43 through 4	5.		46	•00
Step	7: Figure your net income				
47	Base income or net loss from Step 5, Line 35, or Step 6, Line 46.			47	•00
48	Illinois net loss deduction. Attach Schedule NLD.				
	If Line 47 is zero or a negative amount, write "0".			48	•00
49	Income after NLD. Subtract Line 48 from Line 47.		49	•00	
50	Write the amount from Step 5, Line 35.			50	•00
51	Divide Line 47 by Line 50. (This figure cannot be greater than "1".)			51	
52	Exemption allowance. Multiply Line 51 by \$1,000. (Short-year filers, see	instructions.)		52	•00
53	Net income. Subtract Line 52 from Line 49.			53	• <u>00</u>
Step	8: Figure your net replacement tax				
54	Replacement tax. Multiply Line 53 by 1.5% (.015).			54	•00
55	Recapture of investment credits. Attach Schedule 4255.			55	•00
56	Replacement tax before investment credits. Add Lines 54 and 55.			56	•00
57	Investment credits. Attach Form IL-477.			57	•00
58	Net replacement tax. Subtract Line 57 from Line 56. Write "0" if this is	a negative amount.		58	•00
Step	9: Figure your refund or balance due				
59	Payments				
	a Credit from 2010 overpayment.	59a	•00		
	<b>b</b> Form IL-505-B (extension) payment.	59b	<u>•00</u>		
	<b>c</b> Pass-through entity payments. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	59c			
	<b>d</b> Gambling withholding. <b>Attach</b> Form(s) W-2G.	59d			
60	Total payments. Add Lines 59a through 59d.			60	•00
61	Overpayment. If Line 60 is greater than Line 58, subtract Line 58 from Line 60.			61	
62	Amount to be credited to 2012.			62	<u>•00</u> ♦
63	Refund. Subtract Line 62 from Line 61. This is the amount to be refund	ed.		63	•00
64	<b>64 Tax Due.</b> If Line 58 is greater than Line 60, subtract Line 60 from Line 58. This is the amount you owe.			64	•00

## Step 10: Sign here

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Signature of partner	/ / Date	Title	() Phone	
Signature of preparer	/ / Date	Preparer's Social Security number or firm's FEIN		
Preparer firm's name (or yours, if self-employed)	Address		() Phone	

- If a payment is not enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19031, Springfield, IL 62794-9031
- If a payment is enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053





3



Year ending

Year

IL Attachment no. 1

Month



**Schedule B** 

Partners' or Shareholders' Identification

Attach to your Form IL-1065 or Form IL-1120-ST

Write your name as shown on your Form IL-1065 or Form IL-1120-ST.

**Illinois Department of Revenue** 

Write your federal employer identification number (FEIN).

## Step 1: Provide the following information

1 Write the amount of base income or net loss from your Form IL-1065 or Form IL-1120-ST, Line 47.

2 Write the apportionment factor from your Form IL-1065 or Form IL-1120-ST, Line 42. 1 2

## Step 2: Identify your partners or shareholders. Attach additional sheets if necessary.

	Α	В	С	D	E	F	G
	Name and Address	SSN or FEIN	Partner or Shareholder type (See instructions.)	Total amount of base income (loss) distributable (See instr.)	Member subject to Illinois replacement tax (See instr.)	Pass-through entity payment amount (See instr.)	Excluded from pass-through entity payments (See instr.)
1		-					
2							
3					_ □ _		
		-					
4		-			_		
5					LJ _		
6					_ □ _		
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	Add the amounts shown in Column D for shareholders for which you have entered in Column E. Write the total here. (See i	d a check mark	7 _				